

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10-019,119</i>	FILING DATE			
								APPLICANT(S)				
								CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.
1	1							51	/			
2								52	/			
3	12							53	/			
4	21							54	/			
5	12							55	/			
6	④1							56	/			
7	10							57	/			
8	④0							58	/			
9	10							59	/			
10	④0							60	/			
11	10							61	/			
12	④1							62	/			
13	10							63	/			
14	④1							64	/			
15	10							65	/			
16	④1							66	/			
17	10							67	/			
18	④1							68	/			
19	10							69	/			
20	④1							70	/			
21	10							71	/			
22	21							72	/			
23	12							73	/			
24	④1							74	/			
25	1							75	/			
26	④1							76	/			
27	/							77	/			
28	/							78	/			
29	12							79	/			
30	④1							80	/			
31	10							81	/			
32	④1							82	/			
33	10							83	/			
34	④1							84	/			
35	10							85	/			
36	④1							86	/			
37	10							87	/			
38	10							88	/			
39	1							89	/			
40	12							90	/			
41	21							91	/			
42	12							92	/			
43	④1							93	/			
44	10							94				

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